

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF WEST VIRGINIA

FILED

AUG 02 2016

U.S. DISTRICT COURT  
ELKINS WV 26241TARA JEAN VAUGHAN

Your full name

FEDERAL CIVIL RIGHTS  
COMPLAINT  
(BIVENS ACTION)

v.

Civil Action No.: 1:16cv166  
(To be assigned by the Clerk of Court)HAZELTON WV, FCIOKLAHOMA TRANSFER CENTERTALLAHASSEE FL, FCIKeeley  
Trumble  
Blacklock

Enter above the full name of defendant(s) in this action

I. JURISDICTION

This is a civil action brought pursuant to Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics, 403 U.S. 388 (1971). The Court has jurisdiction over this action pursuant to Title 28 U.S.C. §§ 1331 and 2201.

II. PARTIES

In Item A below, place your full name, inmate number, place of detention, and complete mailing address in the space provided.

A. Name of Plaintiff: TARA J. VAUGHAN Inmate No.: 30115057  
Address: Federal Correctional Institution  
501 CAPITAL CIRCLE NE, TALLAHASSEE FL, 32301

In Item B below, place the full name of each defendant, his or her official position, place of employment, and address in the space provided.

B. Name of Defendant: HAZELTON Correctional Institution FCI  
 Position: STAFF  
 Place of Employment: BOP  
 Address: P.O. BOX 3000 BRUCETON Mills, WV 26525

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? ☒ Yes ☐ No

If your answer is "YES," briefly explain: When I was Raped At this Prison, I ASK to File A PREA Act AND BE SEEN by Medical they Refuse to do so. I stayed in the SHU for two months ASKING for medical Health And didn't get it.

B.1 Name of Defendant: OKLAHOMA Transferee Center  
 Position: STAFF  
 Place of Employment: BOP  
 Address: UNKNOWN -

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? ☒ Yes ☐ No

If your answer is "YES," briefly explain: When I Arrived At the Transferee Center I Reported my Rape again to them As well AS ASKING for medical Assistance, they Refuse me medical Assistance put me in the SHU for two days And moved ME out Again.

B.2 Name of Defendant: TALLAHASSEE FI, Correctional Institution FCI  
 Position: STAFF  
 Place of Employment: BOP  
 Address: 501 CAPITAL Circle NE Tallahassee FI, 32301

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? ☒ Yes ☐ No

If your answer is "YES," briefly explain: ON FEB 26, 2016 WHEN I  
ARRIVED AT TALLAHASSEE FCI I REPORTED THE PROB AGAIN TO THEM  
TELLING THEM I NEEDED MEDICAL HELP DUE TO THE RAPE I DIDNT  
GET IT. NURSE PAINTER SAID SHE WASNT DOING IT BECAUSE ITS  
BEEN 2 MONTHS AND THERE WAS NO NEED.

B.3 Name of Defendant: \_\_\_\_\_  
Position: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Was this Defendant acting under the authority or color of federal state  
law at the time these claims occurred? ☐ Yes ☐ No

If your answer is "YES," briefly explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B.4 Name of Defendant: \_\_\_\_\_  
Position: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Was this Defendant acting under the authority or color of federal state  
law at the time these claims occurred? ☐ Yes ☐ No

If your answer is "YES," briefly explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B.5 Name of Defendant: \_\_\_\_\_  
Position: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Was this Defendant acting under the authority or color of federal state law at the time these claims occurred? ☐ Yes ☐ No

If your answer is "YES," briefly explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. PLACE OF PRESENT CONFINEMENT

Name of Prison/ Institution: Tallahassee FCI Correctional Institution

A. Is this where the events concerning your complaint took place?  
☐ Yes ☒ No

If you answered "NO," where did the events occur?  
Hazleton FCI WV

B. Is there a prisoner grievance procedure in the institution where the events occurred? ☒ Yes ☐ No

C. Did you file a grievance concerning the facts relating to this complaint in the prisoner grievance procedure?  
☒ Yes ☐ No

D. If your answer is "NO," explain why not: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. If your answer is "YES," identify the administrative grievance procedure number(s) in which the claims raised in this complaint were addressed

and state the result at level one, level two, and level three. ATTACH  
GRIEVANCES AND RESPONSES:

LEVEL 1 NEVER RECEIVED A RESPONSE BACK

LEVEL 2 NEVER RECEIVED A RESPONSE BACK

LEVEL 3 APPEAL NO. 860130 - R#1 (Attachment)

#### IV. PREVIOUS LAWSUITS AND ADMINISTRATIVE REMEDIES

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action? ☐ Yes ☒ No

B. If your answer is "YES", describe each lawsuit in the space below. If there is more than one lawsuit, describe additional lawsuits using the same format on a separate piece of paper which you should attach and label: "IV PREVIOUS LAWSUITS"

1. Parties to this previous lawsuit:

Plaintiff(s): \_\_\_\_\_

Defendant(s): \_\_\_\_\_

2. Court: \_\_\_\_\_  
 (If federal court, name the district; if state court, name the county)

3. Case Number: \_\_\_\_\_

4. Basic Claim Made/Issues Raised: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Name of Judge(s) to whom case was assigned:

\_\_\_\_\_

6. Disposition: \_\_\_\_\_  
 (For example, was the case dismissed? Appealed? Pending?)

7. Approximate date of filing lawsuit: \_\_\_\_\_

8. Approximate date of disposition. Attach Copies: \_\_\_\_\_
- C. Did you seek informal or formal relief from the appropriate administrative officials regarding the acts complained of in Part B?  
☐ Yes ☒ No
- D. If your answer is "YES," briefly describe how relief was sought and the result. If your answer is "NO," explain why administrative relief was not sought.  
When I Filed grievance they never gave a Response to  
NONE, When I Arrived at Tallahassee I had to send it  
to Regional in order to get a Response which they never  
knew I was Raped because it wasn't Reported.
- E. Did you exhaust available administrative remedies?  
☐ Yes ☒ No
- F. If your answer is "YES," briefly explain the steps taken and attach proof of exhaustion. If your answer is "NO," briefly explain why administrative remedies were not exhausted.  
Because they wasn't Responding to them, I never  
heard Anything About them, Everytime I would go to  
STAFF AND ASK Nobody was able to tell me Anything,  
Thats why I wrote to Regional they Responed with  
the Administrative Remedy Appeal which is Attached.
- G. If you are requesting to proceed in this action *in forma pauperis* under 28 U.S.C. § 1915, list each civil action or appeal you filed in any court of the United States while you were incarcerated or detained in any facility that was dismissed as frivolous, malicious, or for failure to state a claim upon which relief may be granted. Describe each civil action or appeal. If there is more than one civil action or appeal, describe the additional civil actions or appeals using the same format on a separate sheet of paper which you should attach and label "G. PREVIOUSLY DISMISSED ACTIONS OR APPEALS"

1. Parties to previous lawsuit:

Plaintiff(s): \_\_\_\_\_

Defendant(s): \_\_\_\_\_

2. Name and location of court and case number:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Grounds for dismissal: ☐ frivolous ☐ malicious  
☐ failure to state a claim upon which relief may be granted

4. Approximate date of filing lawsuit: \_\_\_\_\_

5. Approximate date of disposition: \_\_\_\_\_

#### V. STATEMENT OF CLAIM

State here, as **BRIEFLY** as possible, the facts of your case. Describe what each defendant did to violate your constitutional rights. You must include allegations of specific wrongful conduct as to **EACH** and **EVERY** defendant in the complaint. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, you must number and set forth each claim in a separate paragraph. **UNRELATED CLAIMS MUST BE RAISED IN SEPARATE COMPLAINTS WITH ADDITIONAL FILING FEES. NO MORE THAN FIVE (5) TYPED OR TEN (10) NEATLY PRINTED PAGES MAY BE ATTACHED TO THIS COMPLAINT. (LR PL 3.4.4)**

CLAIM 1: on Jan. 13-2016 I WAS Raped by Male staff At hazelton FCI, I went to the SHU for Fighting and when I got there I was put into full restraints and put into a Room Later that day Male officers entered my Room put a Blanket over my head, pulled my pants down and stuck something hard into my Rectum and they played with my Breast.

Supporting Facts: I Reported this to staff, the Warden and nothing



was done, I continued to tell them when they came to my Room. I told them that something was hanging out my Rectum that I was bleeding really bad and they never got me medical help. I stayed that way until they shipped me. I filed grievances but never heard nothing back from nobody.

CLAIM 2: when I was shipped I arrived in Oklahoma Transit and (Transfer Center) I told them about the Rape and that I was bleeding out my Rectum they did nothing nor did they see or check me, I stayed that way for 2 more days then they shipped me again.

Supporting Facts: Reported the Rape As soon As I talked to the Nurse At the Transfer Center, I told them I'm Reporting Prea on the Hazelton staff because when I was At Hazelton they Refuse to do it or Allowed me medical treatment while in the SHU. I told them I'm having pains and my Rectum still bleeding.

CLAIM 3: when I Arrived At Tallahassee FCI on Feb 26, 2016 I Reported the Rape to Lt. Winter and I told Him that I was in lots of pain, that I still had something hanging out my Rectum and was bleeding. He told the Nurse Painter to check me she said there was no need because its been 2 months since it happens.

Supporting Facts: Since been in Tallahassee I have been admitted to the hospital they ran test on me stating that I lost too much blood and couldn't find where blood was going the ordered the Prison to make sure I have an colonoscopy done Prison still haven't did it, I'm still losing blood they don't know why they keep putting me on different Birth control.

CLAIM 4: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Supporting Facts: \_\_\_\_\_  
 \_\_\_\_\_



CLAIM 5:

Supporting Facts:

#### VI. INJURY

Describe **BRIEFLY** and **SPECIFICALLY** how you have been injured and the exact nature of your damages.

I can't stop bleeding out my Rectum and Virginia, I can't control my bowel movement, they don't know where the blood is going to, they waited to late to try to do anything, I hurt day in day out.

#### VII. RELIEF

State **BRIEFLY** and **EXACTLY** what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.

To Reward me 3 million dollars due to my damages I continue to have. As well AS Release me with NO Probation because I have suffered enough. I will like Released Soon AS possible because I need medical help and I'm not getting it here. I will be mentally damage behind this for the rest of my life as well AS Physically.

DECLARATION UNDER PENALTY OF PERJURY

The undersigned declares under penalty of perjury that he/she is the plaintiff in the above action, that he/she has read the above complaint and that the information contained in the complaint is true and accurate. Title 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Executed at Tallahassee FCI on 07-26-2016  
(Location) (Date)

Lisa Jean Vaughn  
Your Signature

M. PRIDE, MD 22516  
AUTHORIZED BY THE ACT OF  
JULY 7, 1955, AS AMENDED, TO  
ADMINISTER OATH (18 USC 4004)

Attachment E

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF WEST VIRGINIA

TARA JEAN VAUGHN

\_\_\_\_\_  
Your full name

v.

Civil Action No.: \_\_\_\_\_

HAZELTON WV FCI

OKLAHOMA Transfere Center

TALLAHASSEE FL, FCI

\_\_\_\_\_  
Enter above the full name of defendant(s) in this action

Certificate of Service

I, TARA JEAN VAUGHN (your name here), appearing *pro se*, hereby certify that I have served the foregoing (BIVENS ACTION) (title of document being sent) upon the defendant(s) by depositing true copies of the same in the United States mail, postage prepaid, upon the following counsel of record for the defendant(s) on 07/25/2016 (insert date here):

(List name and address of counsel for defendant(s))

Tara Jean Vaughn  
(sign your name)

United States District Court

25

M. PRIDE, July 25/16  
AUTHORIZED BY THE ACT OF  
JULY 7, 1955, AS AMENDED, TO  
ADMINISTER OATH (18 USC 4004)